

# APPLICATION FOR ASSIGNMENT TO MILITARY HOUSING

(Instructions for preparation of this form are contained on page 2)

## PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 USC 552(E)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY: SECTION 515 P.L. 84-161, AS AMENDED (10 USC 2674) AUTHORIZED SOLICITATION OF THE INFORMATION.
2. PRINCIPAL PURPOSE(S): TO DETERMINE EACH APPLICANT'S ELIGIBILITY FOR ASSIGNMENT TO SUITABLE MILITARY HOUSING ACCOMMODATIONS.
3. ROUTINE USES: THE INFORMATION IS USED BY CG HOUSING OFFICE TO EVALUATE THE ASSIGNMENT OF HOUSING ACCOMMODATIONS.
4. DISCLOSURE: DISCLOSURE OF THE INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE THE INFORMATION MAY RESULT IN THE INABILITY OF THE CG HOUSING OFFICE TO PROVIDE SUITABLE HOUSING TO THE APPLICANT AND AT THE MOST EXPEDITIOUS TIME. DISCLOSURE OF THE INFORMATION HEREIN CONTAINED TO OTHER THAN THE AGENCY IS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT.

## SECTION A - APPLICATION (To be completed by applicant)

1. APPLICANT'S NAME (Last, first, middle initial)		2. SOCIAL SECURITY NUMBER	3. APPLICANT'S RANK/RATE
4. CURRENT DUTY STATION AND PHONE NUMBER		5. NEW DUTY STATION AND PHONE NUMBER	
6a. EST. DATE OF DEPARTURE	6b. EST. DATE OF ARRIVAL	7. ADDRESS AND PHONE NUMBER WHILE ON LEAVE ENROUTE	
8. ENLISTMENT EXPIRES (Date)	9. ON LIST FOR PROMOTION <input type="checkbox"/> YES <input type="checkbox"/> NO	10a. ON CLASS "A" SCHOOL LIST <input type="checkbox"/> YES <input type="checkbox"/> NO	10b. IF SO, WHICH LIST

## SPONSOR INFORMATION

11a. NAME OF SPONSOR	11b. RANK/RATE *	11c. SPONSOR'S DUTY STATION AND PHONE NUMBER
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## DEPENDENCY INFORMATION (Check appropriate box)

12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE (CG-4170A not applicable)	13. I AM SEPARATED FROM MY DEPENDENTS <input type="checkbox"/> N/A <input type="checkbox"/> VOLUNTARILY <input type="checkbox"/> INVOLUNTARILY
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## DEPENDENTS RESIDING WITH ME (If more space is needed, continue on plain paper)

14a. NAME (Last, First, Middle Initial)	14b. DATE OF BIRTH (YYYY/MM/DD)	14c. SEX	14d. RELATIONSHIP	14e. REMARKS, (handicap, health problems, expected additions to family, etc.)

YOU MUST ATTACH COPY OF CG-4170A WHICH INDICATES DATES OF APPROVAL OF THOSE DEPENDENTS WHO WILL RESIDE WITH YOU.

## ADDITIONAL DEPENDENT INFORMATION

15a. SPOUSE IN SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	15b. IF SO, WHICH SERVICE	15c. CURRENT DUTY STATION AND PHONE NUMBER	15d. EXPECTED DATE HE/SHE WILL JOIN YOU
16a. ARE YOU ENROLLED IN THE CG SPECIAL NEEDS PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO		16b. IF SO, LIST DEPENDENTS WITH SPECIAL NEEDS. _____ _____ _____	
17a. DO YOU HAVE PETS <input type="checkbox"/> YES <input type="checkbox"/> NO	17b. IF SO, WHAT KIND	17c. AGE	17d. WEIGHT

## GENERAL

UPON ARRIVAL AT YOUR NEW DUTY STATION, IT IS MANDATORY THAT YOU REPORT TO THE HOUSING AUTHORITY SERVING THE AREA PRIOR TO MAKING ARRANGEMENTS FOR ANY TYPE HOUSING. YOU SHOULD HAVE DD-1747 (previously issued) READY FOR PRESENTATION.

IN THE EVENT ASSIGNMENT TO MILITARY HOUSING BECOMES MANDATORY, THIS IS TO CERTIFY THAT:

☐ I DO ☐ I DO NOT DESIRE A WAIVER TO RESIDE IN CIVILIAN HOUSING

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT. I HAVE ATTACHED A COPY OF MY ORDERS AND APPROVED CG-4170A HERETO. CG-4170A N/A FOR SINGLE MEMBERS.

DATE SUBMITTED	APPLICANT'S SIGNATURE
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PREVIOUS EDITION IS OBSOLETE